

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Terri Delgadillo			SSN or EMPLOYEE NUMBER*			DEPARTMENT Developmental Services					
POSITION Director			CB/ID No.		DIVISION or BUREAU			INDEX NUMBER			
RESIDENCE ADDRESS *					HEADQUARTERS ADDRESS			TELEPHONE NUMBER			
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

[illegible]**CLAIM TOTAL**

\$0.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE _____

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____